

Part I: Process Evaluation Report for Maine's Statewide Juvenile Drug Court Treatment Court Program

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Introduction¹

Specifically designed to respond to the unique problems posed by substance abusing adolescent offenders, the juvenile drug court integrates treatment into the normal, daily operations of the court and supervision systems. Lack of maturity, sense of invulnerability as well as negative influences of peers, gangs, and the common abuse of substances among family members are some of the many challenges faced in attempting to motivate juvenile offenders to engage and participate in behavioral change. The juvenile drug treatment court promises to reduce juvenile crime by decreasing adolescent substance abuse.

This report is part of an ongoing, cross-site evaluation of Maine's juvenile drug treatment court system. The report examines the operation of core components of the drug court model including drug testing, sanctions and incentives, client treatment attendance, case management supervision, and ancillary service utilization. The assessment consists of an overview of program activities for 134 juvenile drug court participants over two time frames. The study compares two cohorts of participants enrolled in Maine's juvenile drug court: sixty-eight (68) juvenile offenders who were admitted to the drug court between September 1, 2003 and August 31, 2004 and sixty-six (66) juveniles who were admitted between September 1, 2002 and August 31, 2003.

Juvenile Drug Treatment Courts – National Movement

The first juvenile drug court treatment program originated in Key West, Florida in 1993. Since that time, juvenile drug courts have expanded considerably. Today, there are more than 340 juvenile drug courts in operation or in various stages of planning across all fifty states including Native American Tribal Courts, the District of Columbia and the Mariana Islands. Nationally, more than 16,000 adolescents have enrolled in drug court programs and over 4,500 have successfully completed these programs and graduated (Cooper, 2004).

The underlying strength and continued expansion of juvenile drug court programs rests upon the cooperation and collaboration that is developed between the judiciary and an array of public and private sector agencies that comprise the drug court team. They provide supervision, treatment, aftercare and ancillary services to substance involved juvenile offenders.

Juvenile Drug Courts in Maine

Maine is one of two states to have fully developed a state-wide system of drug courts for both adult and juvenile offenders. The State of Maine fully implemented the juvenile drug court program in January, 2000, when the first adolescent was admitted to the Bangor juvenile drug court. This first drug court participant graduated from the program in 2001 and as of December 1, 2004, has not been rearrested as a juvenile or as an adult since program completion.

¹ . Maine's Office of Substance Abuse in consultation with Maine's Judicial Department, contracted Donald F. Anspach and Andrew S. Ferguson from the College of Arts and Sciences at the University of Southern Maine to evaluate the program. The Honorable Keith Powers from Maine's Judicial Department, Linda Frazier of Maine's Office of Substance Abuse, and Ron Anton and Jane Clark from Day One, Inc. have served as the primary juvenile drug court officials involved in the evaluation.

Maine's juvenile drug court is a court supervised, *post-plea* (but pre-final disposition) drug diversion program providing comprehensive community based treatment and supervision services to juvenile offenders and their families. The drug court requires weekly court appearances before the designated program judge, participation in substance abuse treatment, and compliance with program requirements. This phased program is designed to take approximately 12 months to successfully complete. The program receives primary funding from the Juvenile Accountability Incentive Block Grant (JAIBG) with matching funds provided by Maine's State Office of Substance Abuse.

Currently, Maine has six juvenile drug courts operating in seven counties that serve a combined population of 883,410 people – or approximately 70% of the state's population. The Honorable Ann Murray presides over the Bangor juvenile drug court in Penobscot County (pop. 144,919). The Honorable Christine Foster presides over the York County (pop. 186,742) juvenile drug court and the Honorable Keith Powers presides over the Cumberland County (pop. 265,612) juvenile drug court and Chairs the State-wide Juvenile Drug Court Steering Committee. The Honorable Joseph Field presides over the juvenile drug court serving both Sagadahoc (pop. 35,214) and Lincoln Counties (pop. 30,016). The Honorable Vendeen Vafiadas and Michael Westcott preside over the Kennebec County (pop. 117,114) juvenile drug court and the Honorable Paul Cote presides over the juvenile drug court in Androscoggin County (pop. 103,793).

Assessment of Productivity

Since implementation in January 2000, a total of 315 adolescents have been admitted to one of Maine's Juvenile Drug Courts, 96 have successfully completed the program and graduated, and 153 were terminated, or expelled. As of September 1, 2004, 66 adolescents remained active in the program (Table 1 – next page). Statewide, the rate of admissions to the program has remained relatively stable enrolling approximately 65 new juveniles each year. However, rates of admissions vary across sites. As of September 1, 2004, the number of active participants range from a low of six in Bangor to a high of fourteen in Biddeford and Portland.

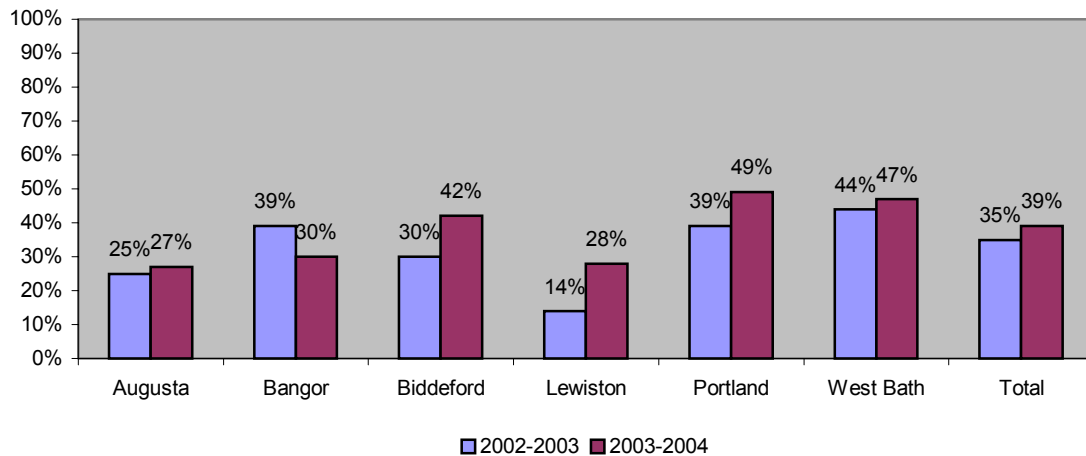
An important measure used to assess the success of juvenile drug courts is the rate of program completion, or graduation. As shown in Table 1, graduation rates for Maine's juvenile drug court compare favorably with graduation rates of juvenile drug courts nationally. Overall, graduation rates for Maine's juvenile drug court (39%) exceed national estimates (29%). Not only do graduation rates in Maine exceed national estimates, the rate of successful completion have improved over time. This is shown in Figure 1. With the exception of the Bangor court, all sites report higher rates of successful program completion in 2004 than 2003.

Table 1: Comparison of the Productivity of Maine's Juvenile Drug Courts*

		<i>Juvenile Drug Treatment Court Sites</i>						
		<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>	<i>Total</i>
2000 Admissions		10	11	14	-	15	16	66
2001 New Admissions		9	14	12	-	15	14	64
2002 New Admissions		12	10	10	7	16	13	68
2003 New Admissions		11	7	9	8	8	9	52
2004 Admissions as of September		8	11	12	14	15	5	65
Total Enrollments		50	53	57	29	69	57	315
Discharged- Expelled		30	33	25	13	27	24	153
Discharged- Graduated		11	14	18	5	28	21	96
Currently Active		9	6	14	11	14	12	66
Phase 1		4	2	2	4	6	2	20
Phase 2		1	4	4	3	4	1	17
Phase 3		3	0	7	2	3	6	21
Phase 4		1	0	1	2	1	3	8
Overall Graduation Rate		27%	30%	42%	28%	49%	47%	39%
National Estimate								29%

*The Lewiston juvenile drug court became operational in January, 2002 approximately two years after initial implementation.

Figure 1: Cross Site Comparison of Graduation Rates Over Time

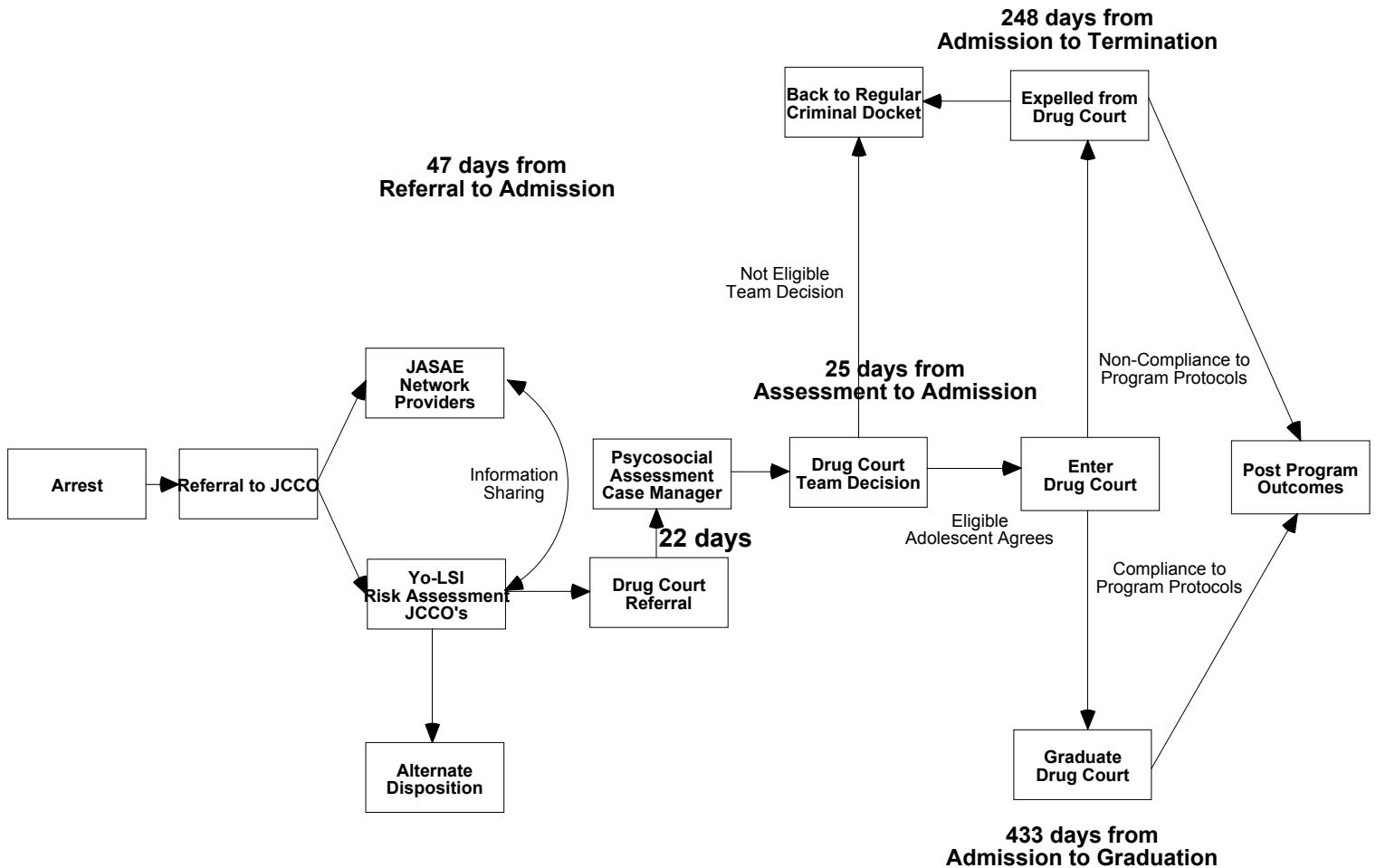


The second measure of program success is the rate of post-program rearrest activity among drug court participants. A more complete analysis of recidivism will be provided in the final report (January, 2005). However, as noted in our 2002-2003 report, findings indicated a positive program effect with fewer juvenile drug court participants being arrested than a control group and program graduates being the least likely to re-offend overall. Findings also indicated that juvenile drug court participants were less likely than the control group to be rearrested for alcohol or drug related offenses or for the commission of violent crimes.

Processing Offenders: Enrolling Participants

In this section of the report, we examine how Maine's Juvenile Drug Treatment Court operates by examining how clients are processed through the program from the point of arrest to program completion through graduation or expulsion. This processing information is graphically presented in Figure 2 which is a flow chart tracing clients from arrest and initial referral to successful or unsuccessful discharge. The chart describes how adolescents are processed through the program and approximates the amount of time that it takes to complete the process by providing state-wide averages (in days).

Figure 2. Flow Chart of Maine's Juvenile Drug Court Program from Referral to Discharge



Admissions and Referrals

The Third Key Component of the Drug Court model requires the early identification of eligible juvenile offenders and their prompt placement in the drug court program. While adolescent offenders with substance abuse problems may be recommended as potential drug court participants by a variety of agencies or persons, the majority of referrals come from Juvenile Community Corrections Officers (77%) and defense counsel (17%).

In Maine, drug court participants are identified on the basis of well-established screening criteria.² As shown in Figure 2, high risk adolescents with perceived substance abuse problems are typically referred to the drug court for further assessment by Juvenile Community Corrections Officers. If screening eligibility requirements are met, adolescents are then referred to a treatment provider for a comprehensive clinical assessment. When the clinical assessment is completed, the drug court team reviews the entire case file to decide whether or not to admit the offender to the program. Juveniles not admitted to the drug court program are returned to court for traditional adjudication.

Upon admission to drug court, the juvenile is informed of the conditions and requirements of participation in the program, including conditions of release. The drug court case manager provides a written schedule of court sessions and the substance abuse treatment regimen. At this point the participant enters the initial phase of the drug court program. As shown in Figure 2, this entire admissions process – the time between initial referral to final admission – takes an average of 47 days. In our 2003 process evaluation, we found that the typical client was admitted within 49 days of being referred to the program. At that time, local drug court team members agreed to work out ways to better meet the notion of early identification and prompt placement standards. While no definitive standard exists, local drug court team members have suggested that a reasonable goal for admission of new clients would be 30 days from the point of initial referral to final admission to the program.

Referring to Table 2 (next page), the average length of time from initial referral to final admission is 47 days and ranges from 7-167 days. Overall, this represents a two day decrease from findings (49 days) presented in the previous year 2002-2003. There are however, variations across sites. Referring to Table 2, we see that three of the six courts (Biddeford, Lewiston, and West Bath) have made significant improvements, whereas three courts, Augusta and Bangor and to a lesser extent Portland, are experiencing greater delays in the admissions process.

Table 2: Time Between Initial Referral and Admission (days)

		<i>Juvenile Drug Treatment Court Sites</i>						
		<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>	<i>Total</i>
Length of Time from Referral to Admission 2002-2003	Mean	38.6	40.8	64.5	54.7	44.9	50.3	48.8
	Median	35.0	28.0	31.5	33.0	31.0	31.0	32.0
	Range	20-64	21-161	30-280	27-134	7-128	24-152	7-280
	N	13	11	12	9	10	11	66
2003-2004	Mean	48.4	48.5	48.8	43.3	48.4	35.0	46.8
	Median	36.0	35.0	35.0	39.0	39.0	35.0	36.0
	Range	10-167	14-84	26-83	7-94	30-126	28-42	7-167
	N	10	11	12	14	16	5	68
Percent Change		+25%	+19%	-24%	-21%	+8%	-30%	-4%

² Maine employs the JSAE and Yo-LSI risk assessment protocols. The Youthful Offender Level of Service Inventory (Yo-LSI) is a screening tool used by JCCO's to measure risk that juveniles will re-offend. The JSAE (Juvenile Automated Substance Abuse Evaluation) is a screening procedure to determine substance abuse severity.

Drug Testing

The frequent and effective use of random and monitored drug and alcohol testing is the *5th key component* of drug courts. Reliable and valid drug testing practices ensure compliance with the abstinence requirement of the program and identifies when appropriate sanctions are necessary. Drug testing also highlights levels of program integrity while providing a means for the criminal justice system to perform an important public safety function. In addition, drug testing provides treatment professionals valuable information about participant substance use and aids in the modification of a personalized treatment plan. An examination of the operation of the drug testing protocol is essential in assessing the overall effectiveness and success of the juvenile drug court program. Here, we compare information on the frequency of drug testing between 2003-2004 and 2002-2003 so as to determine how drug testing practices have changed over time.

Referring to Table 3, we find that the frequency of per person, per week drug tests has increased in comparison with the 2002-2003 reporting period (7%). Findings, however, are site-specific. Three of the six courts - Augusta and Bangor and to a greater extent West Bath - are drug testing more frequently whereas two of the six courts (Biddeford and Lewiston) had reductions in the overall frequency of drug testing.

Table 3: Cross-site Comparisons of Drug Testing Practices

	Juvenile Drug Treatment Court Sites						
Average Number of Weekly Drug Tests	Augusta	Bangor	Biddeford	Lewiston	Portland	West Bath	Total
2002-2003	1.1	1.0	2.2	1.9	1.4	1.0	1.4
N	(13)	(11)	(12)	(9)	(10)	(11)	(66)
2003-2004	1.2	1.1	1.9	1.2	1.4	1.2	1.5
N	(10)	(11)	(12)	(14)	(16)	(5)	(68)
% Change 2003-2004	+9%	+10%	-14%	-37%	No change	+20%	+7%

Drug Testing Outcomes

The frequency of positive drug tests and the number of juveniles testing positive for drug tests are two complementary ways of assessing compliance with the abstinence requirement of the program. Overall, a total of 1,098 drug tests were administered to 68 juveniles in the 2003-2004 time period. Relatively few drug tests (19%) actually resulted in positive findings. Nevertheless, 82% of the 68 participants tested positive one or more times for the presence of alcohol or drugs.

The current percent of positive tests ranges from a low of 8% in Biddeford to a high of 27% in Augusta. With an overall percent positive rate of 19%, Maine's juvenile drug courts compare favorably both with the national average of positive tests for drug court (24%) and with other adolescents in the juvenile justice system where positive drug test rates exceed 35%³. The

³ "Juvenile Drug Court Activity Update: Summary Information, OJP Drug Court Clearinghouse and Technical Assistance Project. American University.

within-site percent of percent positive tests varied little from the previous year, however there were slight reductions in five of the six sites - the exception being the Bangor drug court.

These findings do not, however, address the extent to which the drug court program has had an effect on reducing drug and alcohol abuse among participants. To further explore this issue, we obtained information about prior drug use from drug court participants. Prior to being admitted to the drug court program, the majority of current participants (55%) indicated that they used drugs and/or alcohol on a daily basis and 77% indicated that their use exceeded 2-3 times per week (See Table 4). Given the severity of prior use among these juveniles, the relatively low overall percent (19%) positive rate coupled with 30% of participants testing positive only once during the 2003-2004 time period, there is strong evidence suggesting that these programs are having an impact on reducing drug use among these adolescent offenders.

Table 4: Cross-site Comparisons of Drug Testing Results

	Augusta	Bangor	Biddeford	Lewiston	Portland	West Bath	Total
Average Percent Positive Tests							
2002-2003	29%	21%	10%	29%	13%	28%	22%
2003-2004	27%	25%	8%	24%	10%	22%	19%
Drug Use Frequency Prior to Entering Drug Court							
2003-2004							
Daily	71%	76%	67%	30%	44%	39%	55%
2-3 days per week	17%	19%	22%	40%	13%	22%	22%
Once a week or less	12%	5%	11%	30%	44%	39%	23%
Total	100%	100%	100%	100%	100%	100%	100%
Participants Testing Positive							
2003-2004							
%None	-	-	33%	7%	31%	40%	18%
% One	-	9%	17%	7%	25%	-	12%
% Two or More	100%	91%	50%	86%	44%	60%	70%
N	10	11	12	14	16	5	68
Participants with Positive Tests							
2003-2004							
Mean	6.6	6.1	4.3	5.4	2.8	8.7	5.3
Median	6	5	2	5	2	8	4
Range	2-14	1-13	1-16	1-10	1-8	6-12	1-16
N	10	11	8	13	11	3	56

Case Management Supervision

One of the critical operating features of the drug court model is the supervision of participant progress throughout the course of the program. Case managers keep in contact with schools, administer drug tests, and otherwise monitor the participant's progress and compliance with the program's rules and requirements.

Table 5 examines the frequency of case manager/client contacts. It examines the number of contacts per week and the extent to which these contacts were conducted in person or at the participants home. Currently, each participant is contacted, on average, 1.8 times per week and more than 80% of these contacts were conducted in person. Approximately 1 out of every 10 case manager/client contacts is conducted at the participants' home. In comparison with data collected during the 2002-2003 reporting period, we find a significant increase across sites in the percent of "face to face" contacts with the exception of the West Bath court. At some sites

(Augusta, Bangor and Biddeford), there has been a decrease in the percent of in-person contacts occurring at the participant's home. In other words, these findings indicate that while there are more face-to-face, or in-person contacts between case managers and participants, fewer of these contacts occurred at the participants' homes.

Table 5: Cross-site Comparison of the Frequency of Case Management Supervision

	<i>Juvenile Drug Treatment Court Sites</i>						
	<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>	<i>Total</i>
Contacts per week (mean)							
2003-2004	1.9	1.6	2.4	1.4	2.0	1.7	1.8
N	10	11	12	14	16	5	68
2002-2003	1.9	1.6	2.7	2.6	2.5	1.2	2.1
N	13	11	12	9	10	11	66
% Change	No change	No change	-11%	-46%	-20%	+42%	-14%
Percent of Contacts In Person							
2003-2004	88%	88%	77%	93%	64%	73%	81%
N	10	11	12	14	16	5	68
2002-2003	59%	76%	74%	56%	62%	82%	68%
N	13	11	12	9	10	11	66
% Change	+49%	+16%	+4%	+66%	+3%	-11%	+19%
Percent of Contacts in Home							
2003-2004	6%	2%	11%	3%	18%	14%	9%
N	10	11	12	14	16	5	68
2002-2003	24%	19%	22%	3%	18%	16%	18%
N	13	11	12	9	10	11	66
% Change	-75%	-89%	-50%	No change	No change	-13%	-50%

Substance Abuse Treatment

The fourth *key component* of the drug court model is to *provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services*. In this respect, community-based treatment providers play a central role in drug court programs. While the justice system maintains authority over participants to ensure compliance with the treatment protocol and performance requirements of the drug court, the treatment system delivers the services intended to produce behavioral change.

Juvenile drug court participants receive a variety of treatment services ranging from individual, group, and family counseling to intensive outpatient and residential services. Table 6 shows the types of treatment services actually received. Referring to Table 6, the majority of participants receive individual counseling (54%) followed by group therapy (38%). Other types of treatment interventions occur with less frequency. Individual counseling (88%) is the dominant treatment modality in Lewiston whereas in West Bath, group therapy (72%) is the most frequently employed intervention. Particularly with respect to Augusta and Biddeford there has been a shift away from group therapy to individual counseling.

The types of treatment interventions as well as the frequency of attendance at treatment varies considerably across sites and has modestly changed over time. The average number of substance abuse treatment sessions attended by participants is 1.3 sessions per week and ranges from 0.9 sessions per week in Lewiston to 2.4 sessions per week in Bangor. Compared with the 2002-2003 reporting period, the overall number of weekly treatment sessions attended by participants slightly decreased at five of the six sights.

Table 6: Average Percent of Treatment Modality Used by Court

		<i>Juvenile Drug Treatment Court Sites</i>						
		<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>	<i>Total</i>
Types of Tx Interventions								
2003-2004	Individual	81%	16%	65%	58%	68%	30%	54%
2002-2003		54%	15%	46%	88%	68%	28%	55%
2003-2004	Group	17%	7%	28%	42%	18%	67%	38%
2002-2003		46%	62%	39%	8%	18%	72%	26%
2003-2004	Family	-	1%	1%	-	2%	1%	2%
2002-2003			12%	3%		0%	0%	1%
2003-2004	IOP	-	62%	2%	-	8%	3%	2%
2002-2003			-	12%		1%	0%	12%
Average Tx Session (wk.)								
2003-2004	Mean	1.3	2.4	1.2	0.9	1.1	1.2	1.3
	N	10	11	12	14	16	5	68
2002-2003	Mean	1.5	2.8	1.5	0.9	1.5	1.5	1.6
	N	13	11	12	9	10	11	66

Ancillary Services

Recognizing that substance abuse treatment alone often fails to meet the multiple needs of offender populations, the 4th key component of drug courts emphasizes that participants be provided a “continuum of care” that includes the provision of an array of ancillary services in addition to substance abuse treatment.

In Maine, the drug court program receives little or no funding to deliver or facilitate the delivery of ancillary services. Nevertheless, many juvenile drug court participants with the assistance of drug court team members have been able to avail themselves of an array of ancillary services on an ad hoc basis including: academic assistance, crisis intervention services, health care, mental health counseling, employment, transportation and a wide variety of other ancillary services. In fact, the majority of participants (67%) have utilized at least one ancillary service during their participation in drug court and 30% have utilized two or more services. While there are cross site variations in the percent of participants who have accessed these services, there are few differences from the 2002-2003 reporting period.

Table 7: Overall Distribution of the Types of Ancillary Services Accessed by Juvenile Drug Court Participants

		<i>Juvenile Drug Treatment Court Sites</i>						
		<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>	<i>Total</i>
% Utilize Any Ancillary Services								
2003-2004		60	83	31	70	44	100	67
N		10	11	12	14	16	5	68
2002-2003		54	82	25	78	40	100	62
N		13	11	12	9	10	11	66
% Utilize Multiple Ancillary Services								
2003-2004		33	49	15	20	32	31	30
N		10	11	12	14	16	5	68
2002-2003		31	46	17	22	30	27	29
N		13	11	12	9	10	11	66

Sanctions and Incentives

A coordinated strategy to govern participant compliance and non-compliance is the *sixth key component of drug courts* and is an important ingredient in a program of behavioral management (Marlowe, 2002). Like other juvenile drug courts, Maine's juvenile drug court program uses rewards and sanctions to ensure compliance with program goals and objectives. Nationally, there is a paucity of research literature about the efficacy of their use especially with respect to the juvenile drug court setting. Drug court evaluations to date, have neither examined whether sanctions and rewards are tied to the performance expectations of the drug court nor controlled for the temporal ordering of sanctions.

To fill this gap in the research literature, our study examined the role of sanctions and rewards both within and across juvenile drug court programs. Specifically, we examined the extent that sanctions and rewards were imposed, the nature and types of sanctions and rewards employed, whether they were graduated, and how they varied across sites and over time.

Upon admission to the drug court, participants consent to the use of sanctions for violations of their behavioral contract with the drug court. Typically, sanctions are imposed for violations of program rules and regulations such as positive urinalyses, technical violations, new criminal activity, failure to attend scheduled meetings with probation, case management, treatment, insubordination or other offensive behavior. Rewards are given for compliance with program requirements.

Sponsored by the National Drug Court Institute and the Office of Justice Programs, a statewide training event for Maine's drug court programs was held in March, 2003. Local drug court team members participated in seminars, forums and discussions about the effective use of sanctions and rewards for obtaining compliance from drug court participants. Particular emphasis was placed upon best practices including the ratio of rewards to sanctions, their timing, frequency as well as their intensity.

Best practices suggest that an effective sanctioning schedule should be based on four rewards to each sanction (4:1). Figure 3 examines the ratio of rewards to sanctions imposed at

each site and compares this information over time. In the 2003-2004 post-training period, the ratio of rewards to sanctions was 2.7:1. This represents improvement over the pre-training 2002-2003 period where the ratio was rewards to sanctions was 1.9:1. While the benchmark standard of four rewards to each sanction has not yet been realized, Figure 3 suggests improvements have been made along this measure. Most notably are the Augusta (3:1), Biddeford (6:1) and Portland (3.5:1) courts where the ratio of rewards to sanctions doubled or nearly doubled from the 2002-2003 reporting period.

Figure 3: Ratio of Rewards to Sanctions Over Time

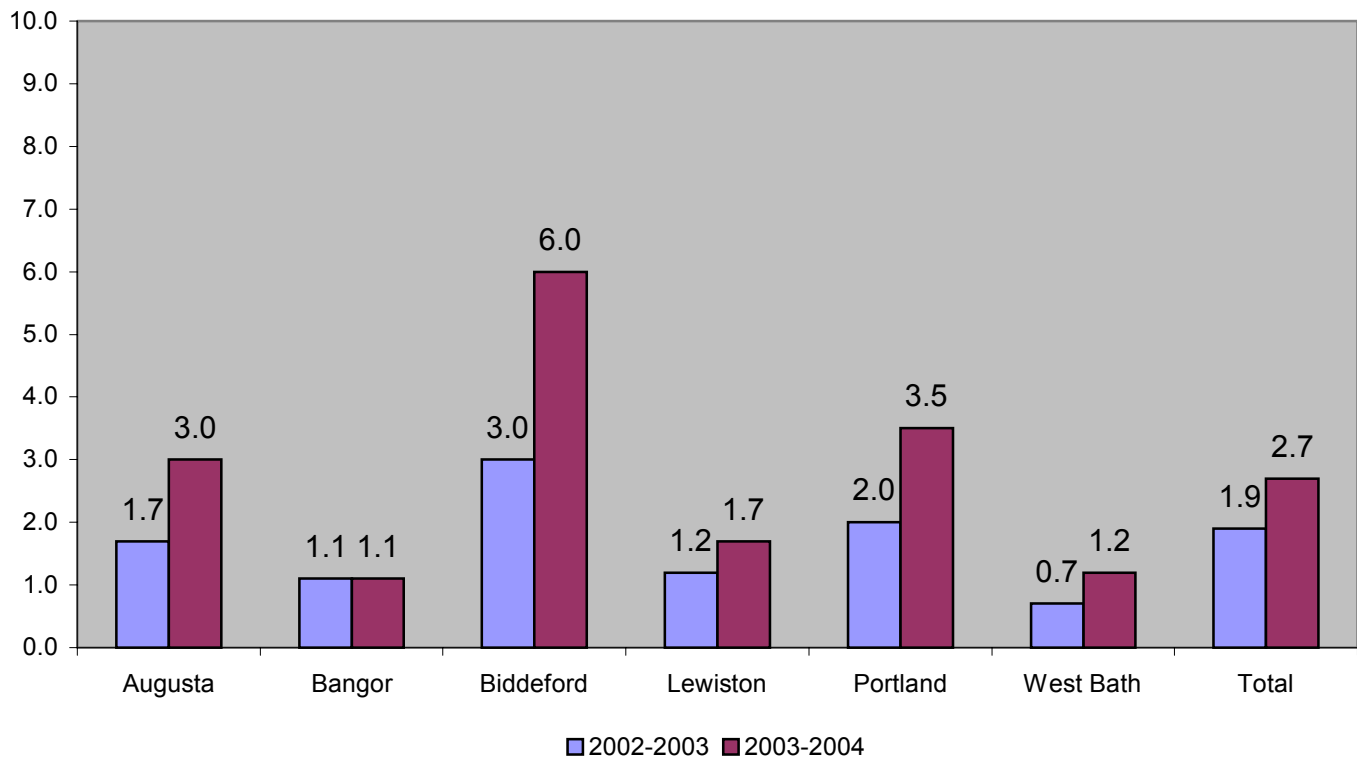


Table 8 (below) presents information on the distribution of types of sanctions and rewards imposed at each site and compares this information with the previous year. The top figure presented in each cell reflects data from the 2003-2004 time period (in bold) whereas the bottom figure reflects data obtained from the 2002-2003 time period.

Currently, the most frequent reward is praise or applause from the bench (55%) followed by curfew extensions (25%) and tangible rewards (10%) such as gift certificates. The most frequent type of sanction is detention (37%) followed by house arrest (20%) and community service (7%). There are cross-site variations in both the frequency and types of rewards and sanctions imposed. As discussed above, detention is the most frequently imposed sanction (37%). The use detention ranges from a low of 28% in Lewiston to a high of 45% in Augusta. Rewards also vary by site. For example, use of curfew extensions range from a low of 6% in Augusta to a high of 42% in Biddeford.

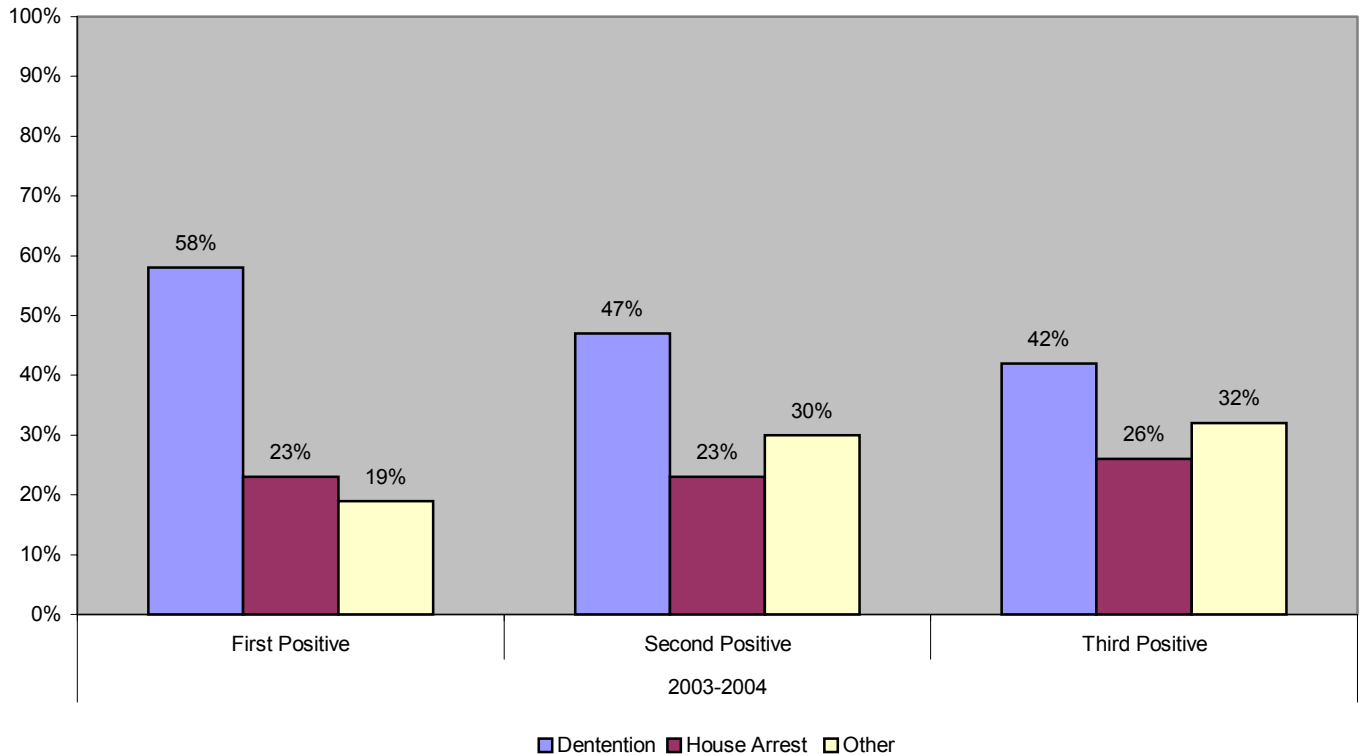
While the overall distribution of sanctions and rewards remained relatively constant over the two time periods, there are some significant within-site differences. For example, use of detention increased in 2003-2004 at Augusta (from 30% to 45%) and Lewiston (from 5% to 28%) but decreased in Bangor (from 43% to 39%) and Biddeford (48% to 41%). And, the use of praise and applause from the bench increased significantly in Portland (47% to 62%) and Augusta (37% to 64%) whereas the four other sites had distributions of sanctions and rewards consistent with the previous year.

Table 8: Cross-site Comparisons of the Types of Rewards and Sanctions Over Time

		<i>Juvenile Drug Treatment Court Sites</i>						
		<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>	<i>Total</i>
Types of Sanctions								
	Detention	45%	39%	41%	28%	35%	39%	37%
		30%	43%	48%	5%	28%	25%	32%
	Written Assignment	11%	4%	6%	4%	8%	2%	6%
		16%	3%	11%	10%	3%	3%	7%
	Curfew Restriction	3%	3%	10%	8%	8%	2%	6%
		5%	5%	2%	-	8%	2%	4%
	Community service	4%	15%	13%	-	1%	6%	7%
		-	15%	16%	5%	9%	15%	11%
	Verbal Caution Only	4%	4%	7%	18%	5%	7%	9%
		2%	8%	2%	10%	14%	10%	8%
	House Arrest	10%	13%	9%	23%	26%	29%	20%
		36%	8%	14%	45%	25%	41%	27%
	Termination	5%	11%	6%	3%	3%	1%	4%
		9%	8%	2%	5%	3%	-	4%
	Other	19%	11%	9%	9%	13%	14%	12%
		2%	13%	5%	20%	9%	5%	8%
Types of Rewards								
Praise/Applause/Handshake Only		64%	22%	41%	76%	62%	48%	55%
		37%	16%	54%	68%	47%	40%	45%
Curfew Extension/Leave of Absence/ Off House Arrest, etc.		6%	28%	42%	10%	26%	33%	25%
		5%	22%	31%	-	26%	2%	19%
Phase Advancement		5%	16%	8%	9%	7%	15%	8%
		10%	24%	8%	9%	3%	19%	9%
Tangible		24%	28%	8%	3%	5%	3%	10%
		34%	22%	1%	9%	13%	7%	14%
Other		1%	5%	1%	3%	1%	1%	2%
		15%	16%	7%	14%	11%	33%	13%

To further explore this issue, we examined how participants were sanctioned for continued drug use. As reported above, 87% of the participants tested positive for drug and alcohol use on one or more times in 2003-2004. Figure 4 examines what sanctions were imposed for positive drug use and whether those sanctions changed for persistent drug use by the same individual. That is, we examined the sanctions imposed on participants for their first, second, and third successive positive drug test. Findings indicate that detention is the most frequently employed sanction imposed for positive drug use. Detention is used 58% of the time for the first positive drug test, 47% for the second, and 42% for the third and subsequent positive drug test. Thus, in the case of juveniles who persistently test positive for drugs and/or alcohol, the drug court is relying less on detention turning to the imposition of “other” types of sanctions with more frequency.

Figure 4: Temporal Ordering of Sanctions for Successive Positive Drug Use



Conclusion

This report has provided an assessment of processual activities relating to Maine's juvenile drug treatment court program. We have examined core components of the drug court model including drug testing, sanctions and incentives, treatment attendance, case management supervision, and ancillary service utilization both in terms of an assessment of current practices as well as how these practices have changed over time. The following presents a summary of the major findings presented in this report:

- ❑ Because of consistently low enrollments at two of the six sites (Augusta and Bangor), Maine's juvenile drug court program is currently operating at 70% of targeted capacity.
- ❑ With the exception of the Bangor Juvenile Drug Court, program completion rates continue to increase (39%) and now well exceed national estimates (29%). Moreover, it should be noted that Portland and West Bath have completion rates approximating 50% which is high for juvenile drug court programs nationally.
- ❑ The average length of time from initial referral to admission has decreased from 49 days to 47 days overall. West Bath had the most significant decrease in reducing delays to admission and is now the lowest of the six drug court sites.
- ❑ Drug court case managers have increased face-to-face contacts with participants with the exception of the West Bath drug court.

- ❑ The ratio of rewards to sanctions has increased reflecting the impact of the team training in March 2003.
- ❑ The overall rate of drug testing has increased. Three of the six courts - Augusta and Bangor and to a greater extent West Bath - are drug testing more frequently whereas two of the six courts (Biddeford and Lewiston) had reductions in the overall frequency of drug testing.

Overall, this evaluation indicates that Maine's Juvenile Drug Treatment Court is a success. There is strong evidence that the program is having an impact on reducing drug use and crime among participants. The program has made significant strides in integrating new models of behavioral change and has been able to sustain a mentor juvenile drug court program. While other states have just begun to implement their programs, Maine's Juvenile Drug Court is a program that is being emulated nationwide.